L21000100571

(Requestor's Name)		
(Address)		
(Ac	idress)	
(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
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		5/25/21

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04/05/21--01020--004 **25.00

21 AFR -5 AH ID: 25

COVER LETTER

	ation Sect of Corpo			· ,	
	NE12AV	E107 LLC			
SUBJECT: Name of Lin			ited Liability Company	- .	
The enclosed Art	icles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all o	correspond	dence concerning this matter	to the following:		
		Yuri Klebanov			
			Name of Person		
		300NE12AVE107 LLC			
			Firm/Company		
		56 VAN ORDEN AVE			
			Address	_	
		SUFFERN, NY 10901			
			City/State and Zip Code	<u> </u>	
		vonabelkine@gmail.com	to be used for future annual	report notification)	
For further inform	nation cor	ncerning this matter, please ca		,	
Yuri Klebanov				5-92-94	
	Name of I	Person	at () Area Code	Daytime Teleph	one Number
Enclosed is a che	ck for the	following amount:			
■ \$25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address:		Street Ad		
	ration Se on of Co	rporations		ition Section n of Corporatio	ons
	ox 6327			ntre of Tallaha:	

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR -5 AH 10: 25

300NE12AVE107 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on _	03/02/2021	and assigned	
Florida document number L21000100571	_ ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company	here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company." the	e designation "LLC" or	the abbreviation "L.L.C."	
	56 VAN ORI			
Enter new principal offices address, if applicable:	CHECEDNI N	SUFFERN, NY 10901		
(Principal office address MUST BE A STREET ADDR	(ESS)			
re e a la completa de la completa del completa de la completa del completa de la completa del completa de la completa del la completa del completa de la completa del completa de la completa del comple				
Enter new mailing address, if applicable:		_ _		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: RNC 1	l office address on our		name of the new registered	
2450 t	OLLYWOOD BLVD. 9	SUITE 305		
New Registered Office Address: 2430 r	Enter Florida street address			
HOLL	YWOOD	, Florid	a 33020	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performange zent as provided for it	of my duties, and I n Chapter 605, F.S	am familiar with and . Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

	71,111
	TARE OF STATE UF CORPORATION
Helidak	BOLLARTEN SUNGER

<u>Title</u>	<u>Name</u>	Address 21 APR -5 AM 10	25 Type of Action
AMBR YURI KLEBANOV	YURI KLEBANOV	56 VAN ORDEN AVE	
		SUFFERN, NY 10901	
			☐ Change
MGRM	YURI KLEBANOV	56 VAN ORDEN AVE	= Add
		SUFFERN, NY 10901	□Remove
			□Change
			□Remove
			□ Change
			🗆 Add
			□Remove
			□ Add
			□ Remove
			□ Change
			□Add
			Remove
			□Change

FEI/EIN NUMBER: 86-2823282	LIVISION OF CORPORATING
	21 APR -5 AM 10: 25
- -	
	
ective date, if other than the date of filing:	(optional)
reffective date is listed, the date must be specific and cannot be pr	ior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (licable statutory filing requirements, this date will not be listed as t
ecord specifies a delayed effective date, but not an effective is filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted 03, 3/. 21	ropri
My Olos	(M)
Signature of a member or at	ithorized representative of a member
Yuri Klebanov	
Typed or pr	inted name of signee